

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 14-MAR-2012		TIME 20:35:00	2. ADDRESS OF OCCURRENCE 5155 W LAKE ST CHICAGO, IL 60644				3. LOCATION CODE 304		4. BEAT/OCCUR 1532																					
MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	5. POSITION 9161	6. LAST NAME PETRENKO	7. FIRST NAME THOMAS E	8. STAR NO. 13458	9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	10. RACE CODE WHI	11. AGE 602	12. HT 178	13. WT. 602																					
	14. DATE OF APPT. 19-JUN-2000	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 015 1556	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																								
	20. LAST NAME CARTER		21. FIRST NAME LEEVON	22. M.L. <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	23. SEX <input checked="" type="checkbox"/> BLK	24. RACE <input checked="" type="checkbox"/> BLK	25. D.O.B. [REDACTED]	26. HT 601	27. WT. 186																					
	28. ADDRESS COOK COUNTY HOSPITAL - STROGER HOS		29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED?/OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																								
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS		34. BY WHOM? E/R STAFF	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized	36. CHARGES PLACED [REDACTED]	37. CB NO. 12345678	IR NO. [REDACTED]	DNA																						
	<table border="1"> <tr> <td colspan="2">38. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____</td> <td colspan="2">ACTIVE RESISTER FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____</td> <td colspan="2">ASSAULTANT: ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____</td> <td colspan="2">ASSAULTANT: BATTERY ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____</td> <td colspan="2">ASSAULTANT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER APPARENT HANDGUN _____</td> </tr> <tr> <td colspan="2">MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____</td> <td colspan="2">OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Gun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____</td> <td colspan="2">ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____</td> <td colspan="2">KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____</td> <td colspan="2">FIREARM <input checked="" type="checkbox"/> OTHER _____</td> </tr> </table>										38. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		ACTIVE RESISTER FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		ASSAULTANT: ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ASSAULTANT: BATTERY ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		ASSAULTANT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER APPARENT HANDGUN _____		MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Gun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input checked="" type="checkbox"/> OTHER _____	
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	39. OC/CHMICAL WEAPON AUTHORIZED BY (NAME)					40. ADDITIONAL INFORMATION																								
	POSITION		STAR NO.	UNIT																										
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR																								
45. MAKE/MANUFACTURER BERETTA-US-(BANTAM, BRIGADE, 951, EMPIRE, PUMA)		46. MODEL 92D		47. BARREL LENGTH 4.00		48. CALIBER/GAUGE 9 MM																								
49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters) BER060806		51. CHICAGO GUN REG. NO. 626065		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO.																						
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 5																						
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO																						
64. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW				65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) KEVLAR VEST																						
67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.				68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input checked="" type="checkbox"/> 05 OTHER (SPECIFY) RUNNING																						
70. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. OIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																														
71. SIGNATURES 73. REPORTING MEMBER (Print Name) PETRENKO, THOMAS E 15-MAR-2012 07:48:54																														
74. REVIEWING SUPERVISOR (Print Name) ROMAN JR, WILFREDO																														

1207418736
REVENGE

HV197819
11. RD. NO.

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)
Hospitalized

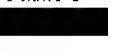
76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on all known facts at this time the officer's actions were in compliance with our policy.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.	<input type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.
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LOG NO/CRNO: _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name) ESCALANTE, JOHN J	SIGNATURE 	DATE COMPLETED 15-MAR-2012 08:00:16	TIME
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79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> I.O.D. REPORT	80. TOTAL TRR's THIS EVENT No.
<input type="checkbox"/> CASE REPORT	<input checked="" type="checkbox"/> OFFICER BATTERY REPORT	<input type="checkbox"/> CR INITIATION REPORT	5
<input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)		